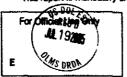
*U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

For approved
Office C Vanagement
ar Budget
No. 215-0188
Expir : 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 c | 140.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U	2. Fiscal Year Covered From:	
3563	01/31/200 Through: 22/37/	260
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Raymond E Jo, JES	Name UNITED SHEET WORKER	
	Labor Organization File Number	
P.O. Box, Bidg., Room No., If any	P.O. Box, Building and Room Number, if any	
Street 25020 SWIE 24 Philipp 22 37 6	Street	
Cby Classes	City	
State 1/44 ZP Code + 4 2 4 3 19	State ZIP Code + 4	2536F
5. Position in labor organization.		
Enter appropriate data below if, during the past flacal year, you or your spouse or minor child directly or indirectly had any of the following intere (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, or income.	
Name	NONE	
Trade Name, If any:	71671-	
P.O. Box, Bldg., Room No., If any	7.b. Amount.	
Street		
City		i - Arithum
State ZIP Code +4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information contained in any accompanying documents), has been examined by the aignatory and is, to the been undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Rugnton Efa	On 7-11-65 376-65716 Date Telephone Number	
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Name of Person Filing	File Number 4 356 3	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or lessing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or lessing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code +4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest hald or income received.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street ZIP Code + 4	or other thing of value. 14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	